UNITED NATIONS

DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/138
12 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Republic of Maldives
Support for a population programme

Proposed UNFPA assistance:	$1.5 million of which $1.35 would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $150,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government contribution:	To be determined
Duration:	Three years
Estimated starting date:	1 January 1994
Executing agencies:	Government of the Republic of Maldives United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	External Resources Section of the Ministry of Foreign Affairs

Maldives

Demographic facts

Population (000)	
Total	248
Males	130
Females	119
Sex ratio (/100 females)	109.3
Urban	83
Rural	165
Per cent urban	33.4
Population in year 2000 (000)	286
Functional age groups (%)	
Young child: 0-4	16.8
Child: 5-14	27.2
Youth: 15-24	19.2
Elderly: 60+	5.5
65+	3.6
Percentage of women aged 15-49	45.4
Median age (years)	17.9
Dependency ratios: total	90.8
(/100) Aged 0-14	83.8
Aged 65+	7.0
Agricultural population density (/hectare of arable land)	..
Population density (/sq. km.)	833

Average annual change (000)	
Population increase	7
Births	9
Deaths	2
Net migration	0
Annual population total (% growth)	3.02
Urban	5.55
Rural	1.86
Crude birth rate (/1000)	38.4
Crude death rate (/1000)	8.3
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.17
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	3.03
Net reproduction rate (/woman)	2.58
Infant mortality rate (/1000)	55
Maternal mortality rate (/100,000)	..
Life expectancy at birth (years)	
Males	64.7
Females	62.0
Both sexes	63.3
GNP per capita U.S. dollars, 1991)	..

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K/8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $1.5 million, of which $1.35 million would be programmed from UNFPA's regular resources, over a period of three years, starting January 1994, to assist the Government of the Maldives in achieving its population and development objectives. UNFPA would seek to provide the balance of $150,000 from a combination of UNFPA regular and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The proposed programme is UNFPA's first comprehensive population programme in the Maldives. It coincides with the Government's development plan for 1994-1996 as well as with the programming cycles of UNDP and UNICEF.

2. The proposed programme is, in fact, tied to the draft development plan for 1994-1996. It draws on the recommendations of the 1993 Programme Review and Strategy Development (PRSD) mission as well as on several recent studies on the population situation in the Maldives. Development of the proposed programme also included intensive dialogue with government officials, the representatives of other United Nations agencies in Malé, various non-governmental organization (NGOs) and the Asian Development Bank team that was in the process of formulating a ten-year perspective plan.

3. The Government's National Programme of Action includes some quite specific goals: increasing the contraceptive prevalence rate from 10 to 30 per cent by 1995; reducing the maternal mortality rate from 450 to 250 per 100,000 live births by the year 2000; reducing the infant mortality rate from 34 per 1,000 live births to 20 per 1,000; and reducing child mortality (under the age of five) from 16 per 1,000 to 5 per 1,000.

4. The Maldives is in a unique situation geographically. It is made up entirely of small coral islands and atolls. A mere 10 per cent of the land is arable. If speculation about the nature of global warming were to be realized, the whole country would be overwhelmed. Recent environmental degradation and the extremely rapid rate of population growth have prompted the Government to pay increasing attention to population problems. The current population is estimated at 248,000, an increase of 35,000 people since 1990. The population of the capital, Malé, has doubled in 13 years. Even under the most optimistic assumptions about the increase in contraceptive prevalence, the population would increase by over 15 per cent, to 286,000, by the year 2000. If effective programmes are not put in place, it is believed that the population could reach 308,000 by the turn of the century -- an increase of over 24 per cent in a span of only eight years.

5. Past UNFPA assistance was provided on a project basis with emphasis on training health personnel in providing family planning services and contraceptives. A relatively large number of such personnel were trained, but coverage did not reach to many of the outer islands and atolls. Because of the small size of the Maldives and the effectiveness of its radio coverage, it was possible to devise information, education and communication (IEC) campaigns that spread the knowledge of modern contraceptive methods to a large part of the population. The contraceptive prevalence rate is still low, however: about 10 per cent. Certain major target groups for IEC campaigns, such as women on outlying islands and adolescent girls, have not yet been reached as effectively as possible.

6. Based on the Government's population goals, the proposed support aims at addressing three key priority issues: (a) the dire lack of qualified maternal and child health and family planning (MCH/FP) personnel and the inadequate access to quality services; (b) the lack of a national population IEC strategy and the limited knowledge of population issues; and (c) the low contraceptive prevalence rate and the concomitant high fertility rate.

7. The majority of the funds under the proposed programme would be used to increase and improve human resources in the provision of family planning services, especially in training female community health workers (so that they make up 30 per cent of the total) and traditional birth attendants. A major goal would be to extend family planning services to all 200 inhabited islands, from the 126 currently covered. Continued

efforts would be made to include population IEC campaigns in national radio programming and to incorporate population into the formal school system where it would reach many of the targeted adolescent girls. Among other things, information on AIDS prevention as well as on environmental and women's concerns would be incorporated into all IEC activities. The Maldives has yet to adopt a formal population policy, and the Government is just recently becoming aware of the constraints on the country's development caused by rapid population growth. The proposed programme would therefore provide support for the formulation of a much-needed population policy.

8. UNFPA is the major organization supporting population-related activities in the Maldives, although UNDP and UNICEF support related activities. The External Resources Section (ERS) of the Ministry of Foreign Affairs has the responsibility for mobilizing, coordinating and monitoring all external assistance in the Maldives. Technical responsibility for the proposed programme would be entrusted to the Population and Development Unit (PDU) that would be established under this programme. In consultation with UNFPA and the other donor agencies supporting population and health-related activities, the ERS and PDU would establish a coordination mechanism. Subsequently, the Government and the major donors would meet on a quarterly basis to exchange programme highlights and pertinent information that may affect or enhance attainment of programme goals. Particular care would be taken to establish linkages between UNFPA-supported training activities and those supported by WHO, UNICEF and UNDP. In addition, the UNFPA field office in Malé and the Country Director of Sri Lanka would ensure that UNFPA-sponsored missions and consultancies would be systematically briefed by the various donors.

9. The programme would be executed by the Government. However, given the insufficient number of adequately trained personnel, a resident technical adviser, United Nations Volunteers and national NGOs would assist in training in MCH/FP service delivery, management and evaluation. Mechanisms for periodic monitoring, evaluation, technical reviews and independent evaluations would be built into each programme component. The programme would be reviewed in 1996. At the field level, the programme would be supervised by the UNFPA Representative who is also the UNDP Resident Representative as well as by the UNFPA Country Director who will make quarterly visits to Malé. A National Programme Officer would assist the UNFPA Representative in daily activities. The Country Support Team in Kathmandu, Nepal, would provide technical backstopping.

10. Recommendation. The Executive Director recommends that the Executive Board approve the proposed programme for the Maldives as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

11. Demographic trends. The age structure of the Maldives is young (47 per cent are below 15 years of age) and the median age is 16.5 years. As a result of continued high fertility and rapidly declining mortality, the population growth rate of 3.4 per cent a year has shown little tendency to slow down.

12. The population of Malé, the capital, has doubled in merely 13 years (1977-1990). The city currently comprises 60,000 inhabitants (25 per cent of the total) of which almost 50 per cent are immigrants, predominantly males. Population densities vary significantly among the islands and atolls, resulting in a very skewed population distribution, with Malé having the highest density, at 33,203 persons per square kilometre, while the rest of the population is highly dispersed and, in many cases, isolated. The dispersed and skewed pattern of population distribution requires a much higher input for service delivery, communications and logistics than would otherwise have been the case.

13. Socio-economic highlights. With an average growth in the gross domestic product (GDP) of 10 per cent annually, Maldives' economic performance over the last decade has been impressive. Tourism contributes

over half of total foreign earnings and has stimulated other sectors, such as transport, construction and services. Fishing is the second largest earner of foreign exchange. In 1992, the per capita GDP was $685 a year. The debt service ratio has recorded a significant decline -- from 20.8 to 5.8 per cent since 1986. Maldives has also made impressive strides in increasing adult literacy and universal basic education. Adult literacy is 98 per cent; enrolment in primary and middle schools, with equal opportunity for girls and boys, has reached 95 per cent. Although enrolment in secondary schools is relatively low at 21 per cent, it is believed to have risen sharply in recent years. The concentration of almost all secondary and higher education institutions in Malé means that many Maldivians living on the outer atolls, especially women, are underserved. The quality of education shows great variation from island to island. Maternal mortality in the atolls has hardly declined (483 per 100,000 live births as compared to 148 for Malé). Women have a shorter life expectancy than men.

14. The Maldivians belong to a closely-knit society bound by the common ties of the Devehi language and Islam, which is the basis of the legal system. There is no disagreement between the Ministries of Health, Justice and Religious Affairs regarding family planning. The latter is provided only through the public sector, and services are limited to married couples only. Various sociocultural factors -- women's lack of education and employment opportunities, and their consequent need for financial security, coupled with the rate of male migration and societal norms -- have led to early marriages, adolescent motherhood and frequent divorces. In fact, a peculiarity of the country is that Maldivian women have an average of four divorces by the end of their reproductive cycle, with most remarriages entailing children.

15. Government policies. The Maldives' social sector strategy seeks, inter alia, to ensure the equitable distribution of primary health care services, to expand and upgrade schools, to provide adult education and vocational training, and to promote a programme of environmental conservation and management. Unlike previous development plans, the Fourth National Development Plan (1994-1996) and the Ten-Year Perspective Plan (1994-2004) view the present rapid rate of population growth to be a major development constraint. The Government also wants to alter population distribution and to resettle people from smaller to larger islands. The impact of unbridled population growth on the environment and on the sustainability of island communities is a growing concern. Public pronouncements at the highest level suggest strong support for family planning and the need for an explicit population policy.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

16. Although the Government of the Maldives was cognizant of the country's population growth rate, the first efforts to establish a family planning programme were only made in 1984. In that year, the Child Spacing Programme in the Department of Public Health was created. However, it was not until 1990 that the limited family planning services reached beyond Malé. There was no comprehensive population programme at that time. However, based on the 1984 Needs Assessment mission, UNFPA supported projects in selected areas. To date, the Fund has allocated a total of $2.1 million, of which approximately $1.6 million was expended by the end of 1992. While this support had some impact, scarcity of trained human resources and the over-centralization of decision-making have made the implementation of all development activities, including population activities supported by UNFPA, very difficult.

Maternal and child health and family planning

17. In the area of MCH/FP, UNFPA support focused initially on training health personnel and then on delivering integrated MCH/FP services to the outer atolls and islands. The major accomplishment was the establishment and strengthening of the Family Health Advisory Centre in Malé. From this base, family planning and basic health counselling services were extended to remote areas in order to increase awareness of family planning among health providers and recipients. The Centre has trained 165 female health workers, 56 teachers and 58 traditional birth attendants, and various publications on family planning have been produced. Refresher training has also been provided to 120 health personnel.

18. UNFPA's support has been instrumental in formulating the 1986 child-spacing policy that allowed hospital-based doctors to supply all family planning services and local health workers to provide certain contraceptives. A number of these workers have received training on IUD insertion. Despite these achievements, MCH/FP projects suffered from tremendous constraints, mainly the highly dispersed nature of the population and the lack of human and financial resources. The lack of evaluation made impact assessment difficult.

Information, education and communication

19. UNFPA has been the sole international funding agency to finance IEC activities in support of MCH/FP. Activities included the development of a special programme of post-partum information and education for the staff at the Central Hospital; the production of radio programmes; and the publication of leaflets, pamphlets, posters, etc. Bi-weekly radio programmes broadcast information concerning preventive health care, Safe Motherhood and the merits of child-spacing. Six workshops were organized for health personnel, teachers and women's organizations. Partly as a result of these activities, awareness of modern contraceptives has increased in Malé from nearly zero to 67 per cent and from zero to 42.7 per cent in the outer islands.

20. All the same, IEC activities lacked strategy and focus: crucial target groups such as policy makers and out-of-school youth, particularly adolescent girls, were left out. The lack of trained personnel to develop IEC messages and material created yet another stumbling block. A major cultural constraint has been that MCH/FP-related information is provided mainly by male community health workers. The number of female community health workers has been negligible, and they lacked both knowledge and credibility.

21. UNFPA supported the introduction of population concepts in primary and secondary schools. Population education was also extended to school drop-outs and out-of-school youth. A Population Education Cell was established within the Ministry of Education. Training materials were developed, and 200 primary school pre-service and in-service teachers and 300 school administrators as well as officials from sectoral ministries and NGOs have been trained. Notwithstanding these achievements, the project suffered from delays in implementation caused by the frequent turnover of personnel and from a lack of knowledge and experience by the staff that replaced them. These shortcomings were compounded by the lack of research, evaluation and coordination among participating institutions and the almost total absence of an effective delivery mechanism in the informal sector.

Data collection and analysis

22. Maldives has a long history of undertaking censuses and maintaining vital statistics, but no systematic attempts have been made up to now to collect comprehensive population and housing data in conformity with internationally accepted concepts and procedures. Since 1976, UNFPA has supported the conduct of each of the five-year population censuses. The Fund has also conducted a knowledge, attitudes and practices (KAP) survey to provide data on fertility and family planning. The usefulness of census data has been critically hampered because of a lack of evaluation and delays in analysis. The credibility of the data has therefore also become a key issue.

Population policy formulation

23. As achievements in the economic sector helped meet the demands created by the increasing population, the Government felt no urgency in formulating a population policy during the 1980s. It is only very recently that the impact of the population growth rate on development has been recognized by the Government. However, the awareness creation that was forged with UNFPA's support has contributed to the current positive environment regarding population policies.

Women, population and development

24. Maldivian women enjoy equal opportunity and access to education and participate in all economic activities. Their constitutional and legal rights are the same as those of men, and women are not segregated from men. The proportion of women in the government sector is increasing from its current level of 30 per cent, and women have held posts at the ministerial level and participate in parliamentary elections. Nonetheless, women remain at a disadvantage with regards to divorce and inheritance law and socio-cultural patterns that promote early marriage. Their life expectancy is shorter than that of men, and mortality among women in the reproductive age groups is higher than among men in the corresponding age groups. Although the Department of Women's Affairs (DWA) was established in 1986 with a view to promoting the advancement of women, it was not until 1991 that the Government considered incorporating women's concerns into the country's development plan.

Other external assistance

25. UNFPA remains the major external organization supporting population-related activities in Maldives. UNDP is supporting activities to strengthen the capacities of the Department of Women's Affairs, to balance population distribution, and to improve the health infrastructure, including a training programme for nurses.

26. In addition to its efforts to extend the Expanded Programme of Immunization (EPI), improve sanitation, improve maternal and child health and promote breast feeding, UNICEF has provided assistance to strengthen the Department of Women's Affairs and to establish a number of Island Women's Centres in cooperation with DWA. WHO assisted UNFPA in executing family planning service delivery activities and has co-financed studies on ways to improve data and information systems. The Islamic Development Bank has indicated interest in supporting the Government's population resettlement programme.

27. Other population donors include Australia, which has provided fellowships for the study of population; India, which has provided assistance for hospital construction and equipment in Malé; and the United Kingdom, which has provided fellowships for the study of health and education. The Canadian International Development Agency (CIDA) has supported, through UNFPA, a seminar on population issues. The International Planned Parenthood Federation (IPPF) supports population programmes through its affiliate member, the Society for Health Education (SHE).

IV. PROPOSED PROGRAMME 1994-1996

28. The emphasis of the proposed programme would be on building institutional capability for the delivery of quality MCH/FP services to all the inhabited islands. The three-pronged programme strategy would focus on training a core staff in MCH/FP and IEC, increasing population awareness and promoting women's participation in the ranks of community health workers. The training activities would, to the extent possible, have substantive linkages with the training in health management and supervision that is being supported by UNDP as well as with activities to be funded by UNICEF and IPPF. UNFPA would also collaborate with these agencies in supporting the Department of Women's Affairs.

29. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action: that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para 14(d): that respect for human life is basic to all human societies (para. 14 (e); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and the means to do so (para. 14(f)).

Maternal and child health and family planning

30. The provision of family planning services in the outer islands commenced in 1990, where they are fully integrated into the primary health care system. However, this is not the case in Malé where family planning services are confined to the gynaecology service at the Central Hospital. Preventive and early referral interventions are insufficient throughout the country, and there is a lack of expertise in high-risk obstetric care. Furthermore, there is a continuing lack of information on desired family size and on the determinants of fertility. The PRSD mission deduced from a KAP survey that 50 per cent of non-users of any contraceptive method desired no more children. This, and the large number of illegal abortions, strongly suggests that there is a large unmet demand for family planning services.

31. In order to help the Government meet these needs, UNFPA proposes a total of $700,000 (of which $50,000 would be sought from multi-bilateral sources) for strengthening the capability of the Ministry of Health for training and re-training service providers, including 200 traditional birth attendants; increasing the number of female health workers; providing training in MCH/FP programme management, evaluation and coordination; integrating family planning education into training institutions; extending family planning services to all 200 islands; and providing needed contraceptive supplies based on assessed requirements.

Information, education and communication

32. The dearth of adequately trained personnel, the lack of IEC-related research, the absence of audience segmentation and message differentiation, the inadequacy of technical input and the extremely small number of female health workers have hampered the effectiveness of efforts deployed so far in IEC activities in the non-formal sector. With a view to helping address these constraints, UNFPA proposes to support the formulation of a research-based national IEC strategy and an IEC campaign aimed at increasing population awareness among policy makers, planners, religious and community leaders, newlyweds and other specific target groups. Training in interpersonal communication would be provided to service providers, with particular attention to male workers. Among other things, information on AIDS prevention as well as on environmental and women's concerns would be incorporated into all IEC activities.

33. Although progress has been made in formal population education, achievements have been constrained by the ubiquitous shortage of trained personnel, delays in project implementation, and lack of evaluation and coordination. The programme proposes support to institutionalize population education in primary and secondary schools as well as in the Institute of Teacher Education. The focus would be on providing pre-service and in-service training in population education; introducing population messages into textbooks and teachers' guides; and organizing orientation seminars and workshops for school administrators and management training for project implementers. Use would be made of the extensive coverage of radio programmes in the Maldives, by using them as one way of reaching parents and out-of-school youth. UNFPA proposes a total of $550,000 for both non-formal and formal population education, of which $75,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

34. The data generated through periodic population censuses were not used for planning and policy purposes due to the lack of trained personnel required for timely evaluation, analysis and dissemination. The civil registration exercise lacked systematic monitoring and co-ordination. Consequently, there is a remarkable paucity of reliable data, and there is a great need to build national skills in data collection and analysis. Government plans include the undertaking of a demographic and health survey, which will include estimates of mortality and fertility and which will also assess the extent of under-registration of births and deaths. In support of these government efforts, UNFPA proposes $60,000 for training in demographic data collection and analysis and for dissemination of the results of the 1990 population census.

Population policy formulation

35. The current draft National Development Plan includes among its strategies the reduction of the population growth rate. Given the measures being taken by the Government, UNFPA proposes $125,000 to: (a) assist the different sectoral ministries in integrating population variables and issues in their planning; (b) coordinate the population-related activities of the different ministries, institutions and NGOs; (c) assume an advocacy role among planners and policy makers and implementers; and (d) produce informational materials on population subjects.

Women, population and development

36. Despite the relatively high status of Maldivian women, the total fertility rate of 6.4 and the maternal mortality rate of 483 per 100,000 live births suggest that until very recently the reproductive health of women has not been a priority. Women in high-risk groups have 20 per cent of all births, and one-third of women of reproductive age give birth annually. The Department of Women's Affairs, which is entrusted with the advancement of women in the country, suffers severely from a high turnover of professionals and finds itself unable to fulfil its mission.

37. UNFPA proposes to strengthen the advocacy capability of the Department of Women's Affairs and Island Women's Committees through training in gender analysis and in programme formulation, evaluation, monitoring and management. Women's concerns would be incorporated into seminars and workshops intended for senior planners, policy makers and opinion leaders as well as into the national population IEC campaign. Should additional funds become available, UNFPA also proposes to support the establishment of Island Women's Centres as focal points on information and training in MCH/FP. UNFPA would seek to provide $65,000 for activities in this area, of which $25,000 would be sought from other sources, including multi-bilateral sources.

Financial summary

38. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $1.5 million over the three-year period 1994-1996, of which $1.35 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $150,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA Resources	Other Resources	Total
	$	$	$
Maternal and child health and family planning	650,000	50,000	700,000
Information, education and communication	475,000	75,000	550,000
Data collection and and analysis	60,000	-	60,000
Population policy formulation	125,000	-	125,000
Women, population and development	40,000	25,000	65,000
Total	1,350,000	150,000	1,500,000

V. RECOMMENDATION

39. The Executive Director recommends that the Governing Council approve the programme for the Maldives as presented above, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.